

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42251

1. Entity Name

THE PANTHER YARDAGE CLUB, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90032 047 ****61.25

Principal Place of Business

Mailing Address

511 ST. JOHNS AVENUE
PALATKA FL 32177

511 ST. JOHNS AVENUE
PALATKA FL 32177-4641

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3122391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIKELL, JOHN L.
511 ST. JOHNS AVENUE
PALATKA FL 32177

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> De'te
NAME	MIKELL, JOHN L.	
STREET ADDRESS	511 ST. JOHNS AVENUE	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> De'te
NAME	BATES, BEN JR.	
STREET ADDRESS	POST OFFICE BOX 1710 N/A	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> De'te
NAME	BUCKLES, DAVID M.	
STREET ADDRESS	ROUTE 1, BOX 88 N/A	
CITY-ST-ZIP	EAST PALATKA FL	
TITLE		<input type="checkbox"/> De'te
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> De'te
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> De'te
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

4-3-2000

328-6761

CR2E037 (9/99)